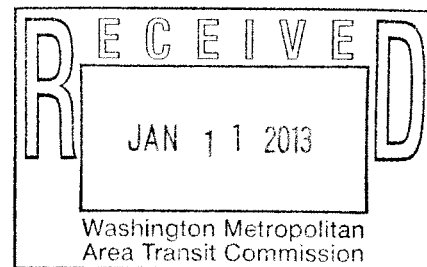


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1491	Victorious, Inc., t/a Nationwide Limo Service			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
5706 General Washington Drive, #C		Alexandria	VA	22312-2417
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(703) 823-7200		(703) 823-7212	ali@nationwidecar.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Choudry Ali	President
*Name	*Title
(703) 823-7200	(703) 823-7212 ali@nationwidecar.com
*Telephone	Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail
Agent Address (must be inside Metropolitan District)	Apt./Suite City	State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓	2008	FORD	1FBSS31L58DA19200	H517127	VA	14	NO
✓	2005	FORD	1FTSS34L25HB09027	H513613	VA	13	NO
✓	2005	FORD	1FTSS34L65HB49496	H513571	VA	14	NO
✓	2005	LINCOLN	1L1FM88W75Y668468	871HAA	VA	9	NO
✓	2005	FORD	1F1NU40S1ED43275	H514254	VA	14	NO
✓	2011	LINCOLN	2LNBL8EV0BX753417	H518044	VA	5	NO
✓	2011	LINCOLN	2LNBL8EV2BX753418	H518043	VA	5	NO
✓	2011	LINCOLN	2LNBL8EV8BX757912	H517966	VA	5	NO
✓	2011	LINCOLN	2LNBL8EVXBX757913	H517966	VA	5	NO

7. ***CERTIFICATION:**

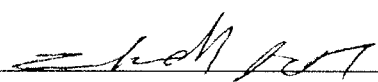
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

CHOUDRY ALI

*Name (type or print)

President

*Title (not required for sole proprietors)



*Signature

1-8-13

*Date